SSI Dane County Managed Care Advisory Committee
Minutes
November 15, 2004

Attendance:

David LeCount, Dane County Department of Human Services (DCDHS)
Tom Lawless, The Management Group Inc. (TMG)
Ginny Graves, TMG
Fran Genter, DCDHS
Todd Costello, Community Living Alliance, Inc. (CLA)
Tim Otis, MHCDC
Don Libby, APS
Dan Lowndes, CLA
Marci Katz, MHCDC
Jim Maddox, Redesign/NAMI/Mental Health Center of Dane County (MHCDC)
Dianne Greenley, Wisconsin Coalition for Advocacy (WCA)
Bonnie Morley, CLA
Michael Fox, DHFS/BMHCP
Angela Dombrowicki, DHFS/BMHCP
Michell Urban, DHFS/BMHCP
Mary Laughlin, DHFS/BMHCP
Angelo Castillo, DHFS/BMHCP
Albert Lanier, DHFS/BMHCP
Heidi Herziger, DHFS/BHCSO
Peg Algar, DHFS/BMHCP

I. Review of the Minutes from Last Meeting

No comments were made on the minutes. They were accepted into the record and will be posted on the web page, along with other documents from our committee work. The web page address is:
http://dhfs.wisconsin.gov/medicaid7/index.htm#medicaid

II. Follow-up on Requests from Last Meeting

- Last meeting a comment was made regarding the need for the contract to address the coverage of individuals on SSI by IMDs. Reference was made to a memo sent out by the Office of Strategic Finance addressing the responsibilities of HMOs, counties, and IMDs for children's admissions. Although Medicaid does not reimburse for services provided in IMDs to adults between the ages of 21 and 64, the memo was provided as a handout for

reference purposes. The web address for the memo is: http://dhfs.wisconsin.gov/dsl_info/NumberedMemos/DSL/CY_2003/NMemo2003-04.htm

- A request was made that the State provide some data on reasons for disenrollments from iCare. Data were reviewed for the period of January through September of 2004. The two most prevalent reasons for disenrollment from iCare were ineligibility for Title 19 and enrollment in Family Care. The data will be further analyzed to track enrollees that lose Medicaid eligibility.

III. Review of the Issues Log

- It was decided that a column would be added to the log that specifies whether a decision has been made regarding each issue listed.

- The ROSA tool is one of several quality of life/consumer satisfaction tools that will be considered for quality assurance purposes for the Dane County SSI MC program. Others include CAHPS and MHSIP measures.

- In item #4 (Definition of the SSI population to be served in Dane County), the phrase "severely and persistently mentally ill" will be replaced with "mentally ill".

- Dianne Greenley asked that recovery principles outlined in the CCS rule be included in the contract, and she asked that this issue be added to the log. Consumers were heavily involved in the development of the rule.

IV. Development of an All-In/Opt Out Model

- Dianne Greenley stated that WCA is very opposed to the All-In/Opt Out approach. She stated that she thinks the program should be voluntary, and that a "lock-in" approach would damage continuity of services.

  There was a lengthy discussion of the pros and cons of the All-In/Opt Out enrollment method. The All-In/Opt Out enrollment option allows for consumer choice, while increasing membership to a viable level for the MCO. Consumers have the opportunity to opt out of enrollment during the open enrollment period and the MCO will have an inclusive provider network.

- The Partnership responded that they are already working hard to forge relationships with existing providers to assure continuity of care.

- Safeguards regarding continuity of care will be built into the contract, and these safeguards will be communicated to consumers.

- The mandatory trial period gives the MCO the ability to recruit providers and keep members informed so that they can make an informed choice at the end of the choice period whether to stay in the MCO or go back to FFS.

- Differences in drug formularies might be an issue.

- The Medicaid 1915(b) Waiver Application - Takes several months to complete and to receive approval. The Dane initiative needs a waiver because of sole-source procurement and lack of a statewide program. The application will be submitted to the Centers for Medicaid and Medicare Services in January of 2005. There should be an approval by May.

- Accurate and complete informing materials play a critical role in helping consumers negotiate the new program. Federal law prohibits marketing, but outreach to potential enrollees is expected. Outreach can be done by a community-based organization.

- Are six to eight weeks enough time to educate enrollees and providers?

  Michael Fox stated that more important than the length of the trial period, is what happens after enrollment. If an assessment is timely and needs are met, the enrollee will know whether staying in managed care will be in their best interest.

- The group discussed enrolling a set number of people (500), observing the dropout rate and determining the ramp-up rate for the rest of the eligible population based on that.

- An enrollee can opt out at any time during the first 90 days of enrollment. If the enrollee decides to opt out on the second day of the first month, they would be transferred back into FFS effective the first day of the following month.

- Is 90 days long enough to contract all needed providers, assuming enrollees are assessed within the first 60 days?

  The MCO is already working hard on expanding their provider network. The predictive model provides information for each enrollee's claims history and the major providers they have been utilizing in fee-for-service. The State can also be flexible and slow down the enrollment process if needed by lowering the ramp-up number and/or lengthening the opt-out period.

- **Recommendation/Decision:** A recommendation will be made by the group to the steering committee that a 90 day opt-out period be utilized for the Dane Co. Initiative. The enrollee will then be locked into managed care for nine

months. Sixty days before enrollment ends, a letter will be sent to the enrollee informing them that they may return to FFS at the year's end.

- The MCO will be expected to cover out-of-network services until the provider is contracted or other arrangements can be made for the enrollee.

- There was discussion regarding the State's ability to override the lock-in in certain circumstances. These situations will be discussed more fully at a future meeting.

V. Timelines for Systems Changes for the Program—Heidi Herziger, Bureau of Health Care Systems and Operations

- The implementation timeline for the program depends on the following factors:

  - ✓ How Population Must Be Identified.
  - ✓ Does the Benefit Package Already Exist or is it New?

- The program will likely be implemented mid to late 2005. Implementation includes mailing informing/enrollment materials, modifying existing logic to produce capitation payments and enrollment reports, etc.

VI. Predictive Model

See attached attachments for overview and update on the predictive model.